

UTILITY PATENT APPLICATION TRANSMITTAL (only for new and continuation-in-part nonprovisional applications under 37 CFR 1.53(b))

Client-Matter No.: 66872-039

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Paul (Vai (TYPED OR PRINTED NAME OR PERSON MAILING PAPER OR FEE)

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(SIGNATURE OF PERSON MAILING PAPER OR FEE) This is a request for filing a New utility patent application under 37 CFR 1.53(b). Continuation-in-part under CFR 1.53(b)(2) of prior application serial no. (list entire parentage). Title: BOTULINUM TOXIN A PEPTIDES AND METHODS OF PREDICTING AND REDUCING IMMUNORESISTANCE TO BOTULINUM TOXIN THERAPY Full Name of Each Inventor: M. Zouhair Atassi Enclosed are: Return receipt postcard Patent Application Bibliographic Data Sheet Page application cover sheet Pages of specification (includes claims and abstract) 122 $\overline{\mathbf{X}}$ 28 Sheets of drawing(s) Pages of an executed Declaration for Patent Application An executed Power of Attorney for Patent Application by Assignee Paper copy of sequence listing, pages 1 through 4 Sequence listing in computer readable form (1 diskette) $\overline{\mathbf{x}}$ Statement Under 37 CFR 1.821(f) $\overline{\mathbf{x}}$ 1 An executed assignment and cover sheet An executed Statement Under 37 CFR 3.73(b) An executed small entity statement Request for Nonpublication and Certification Also enclosed: This application is based on prior foreign application(s) No.(s)_ on _____, respectively, and priority is hereby claimed therefrom. X

This application is based on, and claims the benefit of, U.S. Provisional Application No. 60/462,754, filed April 11, 2003, and entitled BOTULINUM TOXIN A PEPTIDES AND METHODS OF PREDICTING AND REDUCING IMMUNORESISTANCE TO BOTULINUM TOXIN THERAPY, and which is incorporated herein by reference.



Inventor: M. Zouhair Atassi Serial No.: Unknown Filed: Herewith

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60/ Serial 1	oplication is (yet t No by reference	o be	assigned),	filed	i	, which w	as c	onverted fr	om U.S.
The filing fee	has been cal	cula	ted as show	n be	elow:				
					Rate			Fee	
	Number Filed		Number Extra		Small Entity	Other Entity		Small Entity	Other Entity
Total Claims	168 - 20	=	148	х	\$9	\$18		\$	\$
Indepen- dent Claims	11 - 3	=	8	х	\$43	\$86	=	\$	\$
Multiple Dependent Claims Presented: X Yes No					\$145	\$290		\$	\$
						BASIC F	EE	\$385	\$770
		-				TOTAL F	EE	\$0.00	\$
Please charge my Deposit Account No in the amount of \$ A duplicate copy of this sheet is enclosed. X The payment of the filing fee is to be deferred until the Declaration is filed. Do not charge our deposit account. The Commissioner is hereby authorized to charge fees under 37 CFR 1.16 and 1.17 which may be required or credit any overpayment to Deposit Account No A duplicate copy of this sheet is enclosed. Address all future communications to: Cathryn Campbell McDERMOTT, WILL & EMERY 4370 La Jolla Village Drive, Suite 700 San Diego, California 92122 telephone:(858) 535-9001 facsimile:(858) 535-8949									
				R	espectfully	submitted,			
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